

FEATURE ARTICLE

Distress Assessment: Practice Change Through Guideline Implementation

Caryl D. Fulcher, MSN, APRN, BC, and Tracy K. Gosselin-Acomb, RN, MSN, AOCN®

Most nurses agree that incorporating evidence into practice is necessary to provide quality care, but barriers such as time, resources, and knowledge often interfere with the actual implementation of practice change. Published practice guidelines are one source to direct practice; this article focuses on the use of the National Comprehensive Cancer Network's *Clinical Practice Guidelines for Oncology: Distress Management*, which articulate standards and demonstrate assessment for psychosocial distress. Planning for the implementation of the guidelines in a feasibility pilot in a busy radiation oncology clinic is described. Results indicate that adding a distress assessment using the distress thermometer and problem checklist did not present substantial burden to nurses in the clinic or overwhelm the mental health, pastoral care, or oncology social work referral sources with more patients. Understanding distress scores and problems identified by patients helped the nurses direct education interventions and referrals appropriately; improved patient satisfaction scores reflected this.

Distress is an unpleasant experience of an emotional, psychological, social, or spiritual nature that interferes with people's ability to cope (National Comprehensive Cancer Network [NCCN], 2007, p. DIS-2).

Oncology nurses are not surprised that distress is a phenomenon common to patients with cancer (Madden, 2006). An estimated 29.6%–43.4% of patients with cancer experience distress (Zabora, Brintzenhofesoc, Curbow, Hooker, & Piantadosi, 2001). As cancer services move to a predominately ambulatory environment, the need for better psychological assessment is critical, yet less than 5% of distressed patients in the ambulatory setting receive psychosocial treatment (Bultz & Holland, 2006). Screening for distress often may be overlooked because healthcare professionals focus on physical symptoms; however, distress can impact the symptom experience and compliance with prescribed treatment (Clark, 2001). For that reason, NCCN included a standard that “[a]ll patients should be screened for distress at their initial visit, at appropriate intervals, and as clinically indicated, especially with changes in disease status” (p. DIS-3). This article will describe the process used by one institution to implement NCCN's *Clinical Practice Guidelines for Oncology: Distress Management* in a clinic setting.

Planning for Implementation

Nurses have joined other professionals in the challenge to deliver evidence-based practice; one way to accomplish this is by using clinical practice guidelines. Guidelines follow a review of the evidence, are created by experts, and serve to direct practice. However, even when guidelines have been widely publicized, they often are not fully implemented in the clinical setting because existing barriers impede the process.

At a Glance

- ◆ Oncology nurses do not consistently use a standard when assessing for psychosocial issues in patients with cancer.
- ◆ The distress thermometer and problem checklist are efficient assessment tools that can be incorporated into normal practice.
- ◆ Nurses in a busy oncology radiation clinic were able to assess distress, provide educational and referral resources, and increase patient satisfaction through planned implementation of an assessment and intervention process.

Key barriers identified by nurses include the perception that nurses have insufficient authority to instigate change in the practice setting (Glacken & Chaney, 2004) and insufficient time to implement and read research (Funk, Tornquist, & Champagne, 1995; Glacken & Chaney). Other barriers include a lack of resources and awareness. After deciding that the *Clinical Practice Guidelines in Oncology: Distress Management* (NCCN, 2007) represented a value consistent with the center's mission, a multi-disciplinary task force set out to compare existing psychosocial services with those recommended in the standards. Consistent

Caryl D. Fulcher, MSN, APRN, BC, is a clinical nurse specialist and Tracy K. Gosselin-Acomb, RN, MSN, AOCN®, is the director of oncology services, both at Duke University Hospital in Durham, NC. No financial relationships to disclose. (Submitted May 2007. Accepted for publication July 14, 2007.)

Digital Object Identifier: 10.1188/07.CJON.817-821